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A Dissertation

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W. E. H.

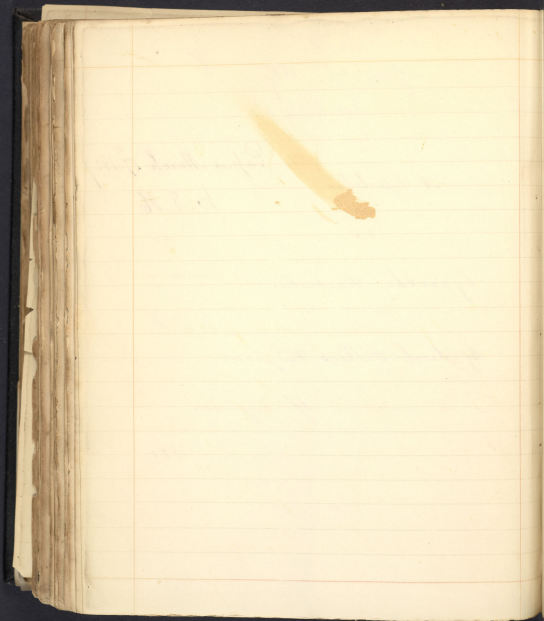
on

Cynanche Trachealis.

By Saml. Watkins Vaughan,

of Virginia.

1826.

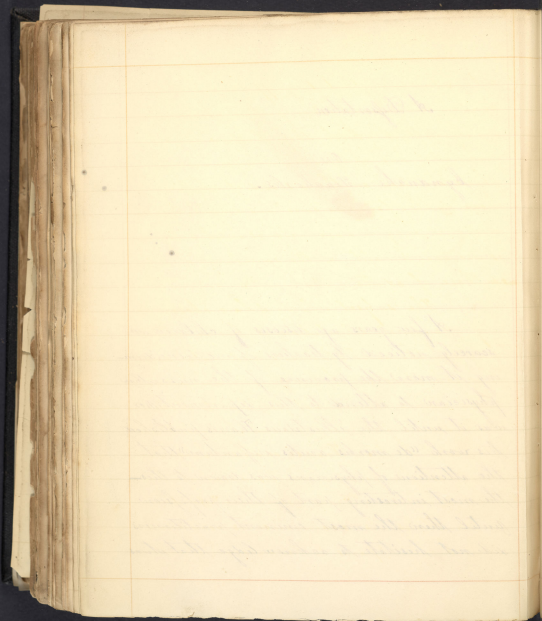


A Dissertation

on

Dyspnoea Trachealis.

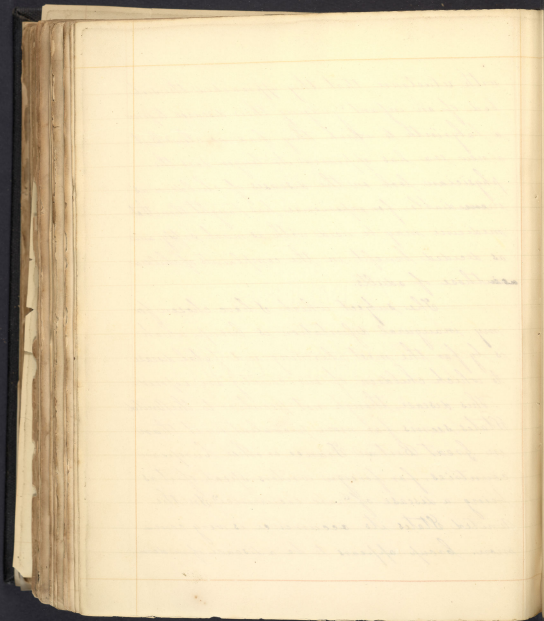
A few years ago diseases of children were scarcely noticed by teachers of medicine, considering it more the province of the nurse, than physician to attend to this department. Nor was it until the illustrious Harris published his work "de morbis acutis infantum" that the attention of physicians was drawn to this—the most interesting part of their profession. Until then the most eminent practitioners did not hesitate to acknowledge that it was



with reluctance, that they approached the sick  
bed of an infant "judging their diseases to form  
a labyrinth to which they had no clue. But  
a new era has appeared. no longer does the  
physician look on the diseases of children as  
incurable, for experience has taught them that  
medicine may be used with as much safety, and  
as decided benefit in the complaints of children  
as in those of adults.

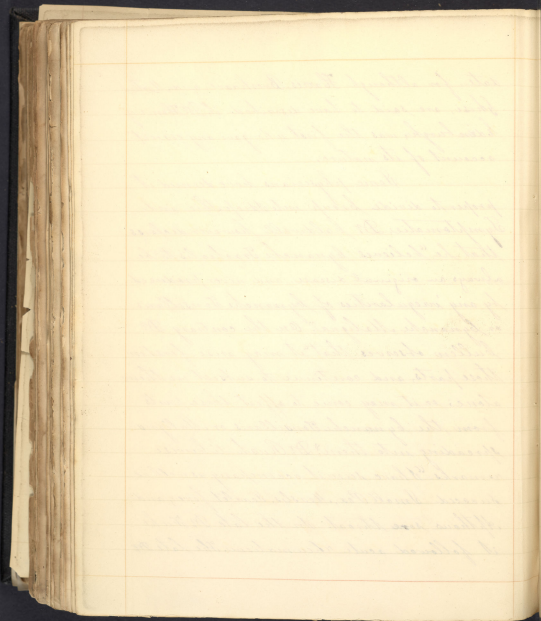
The subject which I have chosen for  
my inaugural dissertation is Scroup, which  
is by far the most alarming and fatal disease  
to which children, of our country, are exposed.

This disease, though not peculiar to the United  
States, seems far more prevalent in it than  
in Great Britain, France or other European  
countries. for foreign writers speak of it as  
being a disease of "rare occurrence." In the  
United States its occurrence is very com-  
mon. Scroup appears to be a disease of modern



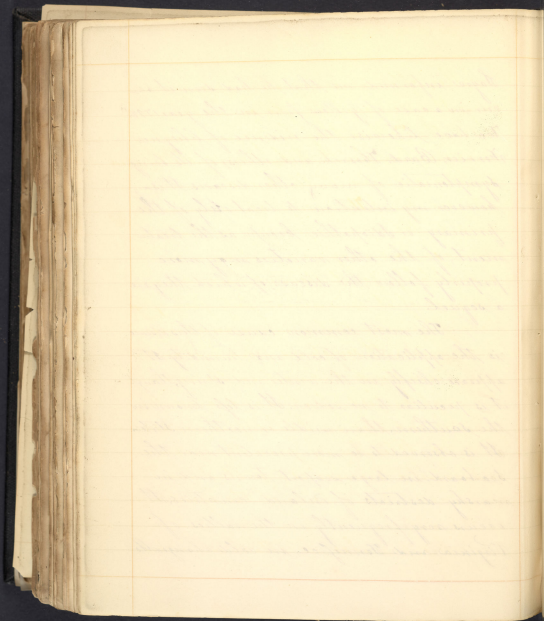
date, for although Harris, Boerhaave and Martin  
Sjorin, are said to have described it, Dr. Home of  
Edinburgh, was the first who gave any correct  
account of its nature.

Some physicians have deemed it  
proper to divide Croup into Idiopathic and  
Symptomatic, Dr. Baldwin however declares  
that he "believes Cynanche Trachealis to be  
always an original disease, and never produced  
by any irregularities of Cynanche Tonsillaris  
or Cynanche Maligna." On the contrary Dr.  
Cullen observes that "it may arise first in  
those parts, and continue to subsist in them  
alone; or it may come to affect those parts  
from the Cynanche Tonsillaris or Maligna  
spreading into them." Dr. Rush likewise  
remarks "I have seen it accompany as well as  
succeed Small Pox, Measles, Scarlet fever, and  
Apthous sore throat. In the late Dr. Truhe  
it followed acute rheumatism. The late Dr.



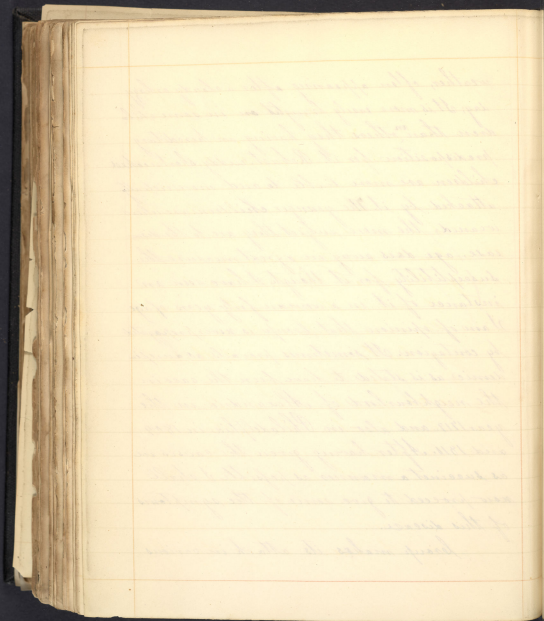
Dayre informed me that he had seen it occur in a case of yellow fever in the year 1798.<sup>2</sup> We have likewise the evidence of Cheyne, Ferriar, Bard, Hosack and others, of its being symptomatic of many other diseases. It is, however my intention to treat only of the primary or Idiopathic group, as the treatment of the other varieties may more properly follow the diseases of which they are a sequel.

The most common cause of this disease is the application of cold and humidity. It appears chiefly in the winter and spring, though it is peculiar to no season. It is less known in the southern, than middle or northern, States. It is observed to be more prevalent near the seaboard, in large seaport towns, and in marshy districts of inland countries. It occurs very frequently in the valleys of Virginia and Tennessee, in cold changeable

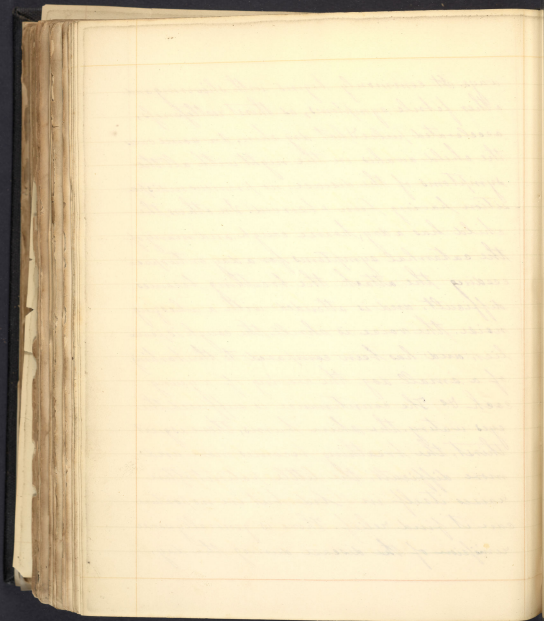


weather, often appearing after a cloudy or hazy day. It is more easily brought on in some children than <sup>in</sup> others, they having an hereditary predisposition for it. Robust, ruddy, shortnecked children are more liable to and more violently attacked by it. The younger children are when weaned, the more subject they are to the disease, age does away in a great measure the susceptibility for it, though I have seen an instance of it in a woman forty years of age. I am of opinion that Croup is never propagated by contagion. It sometimes prevails as an epidemic as is stated to have been the case in the neighbourhood of Alexandria, in the year 1717, and also in Philadelphia in 1809, and 1816. After having given the causes in as succinct a manner as possible I shall now proceed to give some of the symptoms of this disease.

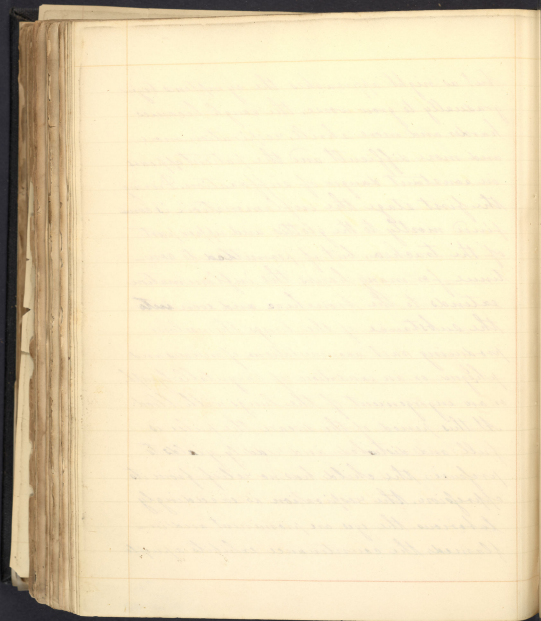
Croup makes its attack in various



ways. It commonly begins with shivering and other febrile symptoms, as thirst, restlessness, accelerated pulse & hot dry skin. In some cases the child awakes in the night with all the symptoms of the disease; no previous indisposition having been observed. In others the child has a dry, hoarse cough, and many of the catarrhal symptoms for a day or two preceding the attack, the breathing becomes difficult, and is attended with a wheezing noise. The voice is shrill, the cough is peculiar, and has been compared to the barking of a small dog, the crowing of a young cock &c. The countenance is suffused, the eyes watery, the skin burns, there is great thirst, the breathing becomes more and more difficult; the little patient often raises itself in bed, but in no posture can it find relief. There is generally some remission of the disease during the day,



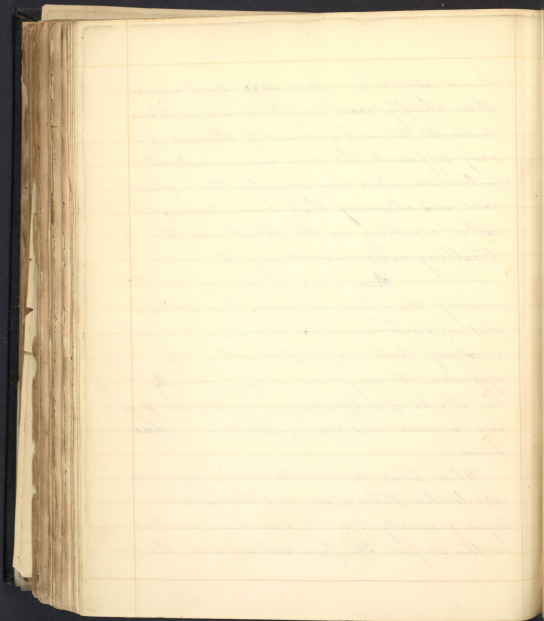
but as night approaches the symptoms begin gradually to grow worse, the cough becomes harder and more shrill, respiration more and more difficult and the patient appears in constant danger of suffocation. During the first stage the inflammation is confined mostly to the glottis and upper part of the trachea, but if permitted to continue for many hours the inflammation extends to the bronchiae and even into the substance of the lungs themselves, producing vast accumulations of mucus and phlegm, or an exudation of coagulable lymph, or an engorgement of the lungs with blood. At this period of the disease the pulse is full and disturbed, and readily yields to pressure; the child has no relief from its oppression, the respiration is exceedingly laborious, the eyes are prominent and inflamed, the countenance exhibits a purple



livid apoplectic appearance; such cases as these chiefly occur in florid and plethoric patients. In weak and sickly the case is very different, the face appears pale the pulse tremulous and irregular, the surface cold and clammy, there is no wheezing but rather a rattling in the throat and the breathing rather more tranquil.

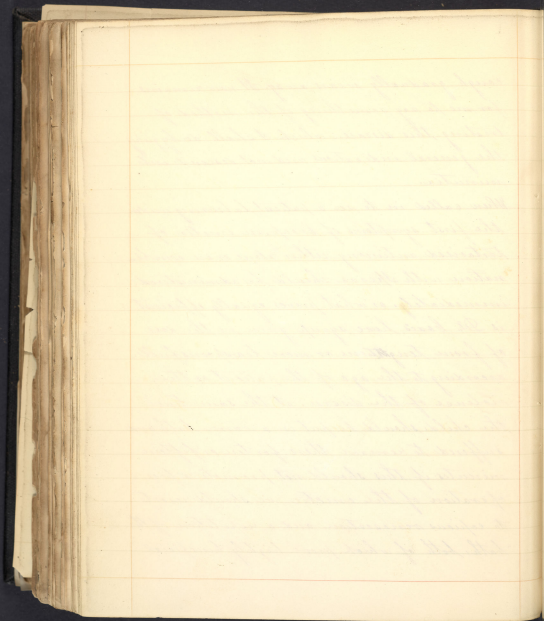
Sometimes the disease partakes more of the nature of spasm than inflammation; such cases make their appearance more suddenly, there is less febrile action, less dyspnoea, the cough occurs less frequently but the attacks of suffocation are equally distressing, and in some cases prove fatal in a very few hours.

When cough terminates favourably a free expectoration takes place, and the symptoms begin gradually to abate, a moisture pours out on the surface, the fever declines and the



cough gradually wears away. It now remains for me to say something of the method of treating this disease, which I shall do by giving the general indications and not descend into minutiae.

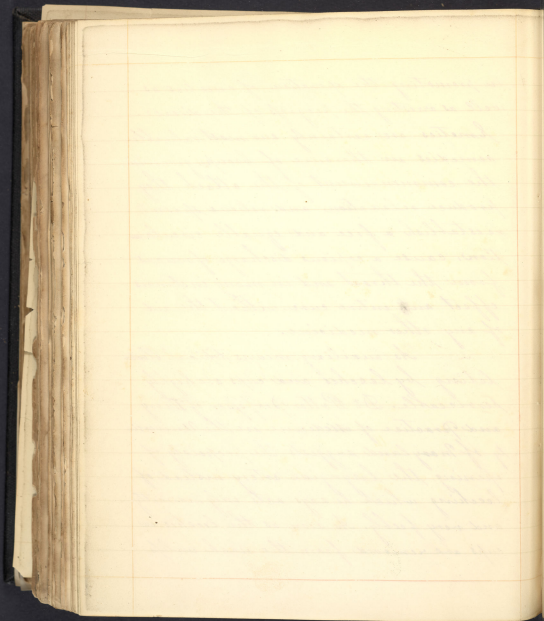
When called in to see a patient labouring under the first symptoms of croup, an emetic of tartarised antimony, either alone or in combination with opsesas should be administered immediately, or what proves equally efficient is Dr. Boer's hore syrup given in the dose of from ten ~~to~~ <sup>one</sup> or more tea-spoons full according to the age of the patient or the violence of the disease, at the same time the child should be put in a warm bath and suffered to remain there for ten or fifteen minutes, if this should not promote a free operation of the emetic, we should resort to copious venesection and a repetition of the bath, both of which prove highly beneficial



in promoting the operation of emetics as well as arresting the progress of the disease.

Emetics are certainly our most valuable remedies in the cure of croup, given in the commencement of the attack, they produce relaxation and relieve spasm, reestablish a free and equal circulation, cause a copious discharge of mucus from the throat and in many instances effect an entire cure, without the aid of any other medicine.

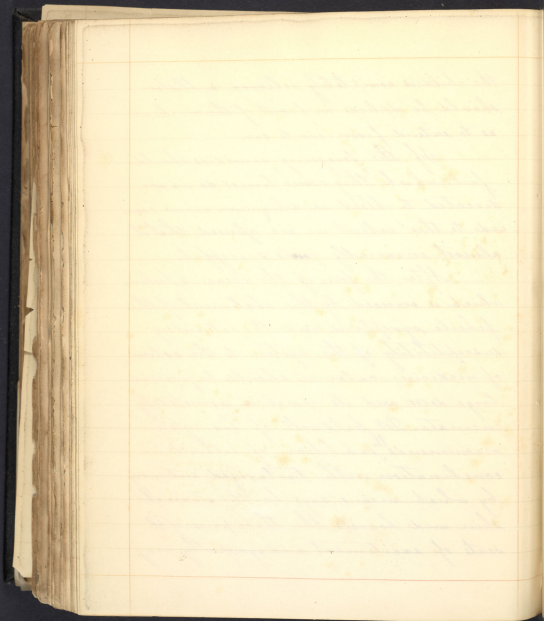
As auxiliary means topical blood-letting by leeches and cups are highly serviceable. Dr. Potter Professor of Theory and Practice of Medicine in the University of Maryland suggests the propriety of opening the laryngeal artery instead of leeching which he says acts only indirectly and very feebly. As soon as the leeches or cups are removed from the neck ulcers



the child is completely relieved a blister should be applied in front of the neck so as to extend from ear to ear.

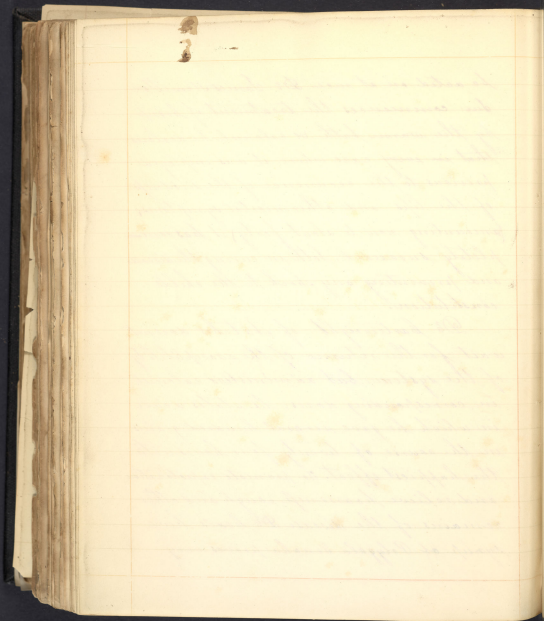
If the foregoing remedies should fail, which they sometimes do we are directed to bleed *ad deliquium animi* carried to this extent we are assured that it almost invariably proves successful.

After the force of the disease is broken, which is evinced by the abatement of the febrile symptoms, and the returning susceptibility of the system to the action of medicine, calomel should be given in large doses and its operation promoted by enemata. Dr. Baldwin of Peabington recommends <sup>the</sup> exhibition of calomel in combination with tartarized antimony by which means, (says he) the stomach, skin and bowels, the three principal seats of excitement and sympathy may



be acted on at once. Dr James Hamilton  
Sur: commences the treatment of bronchi  
by the warm bath &c calomel, he declares  
"that in every case where it was employed  
previous to the occurrence of the lividness  
of the lips and other mortal symptoms,  
(amounting now to about forty) it has com-  
pletely succeeded, both in curing the disease  
and preventing any shock to the child's  
constitution."

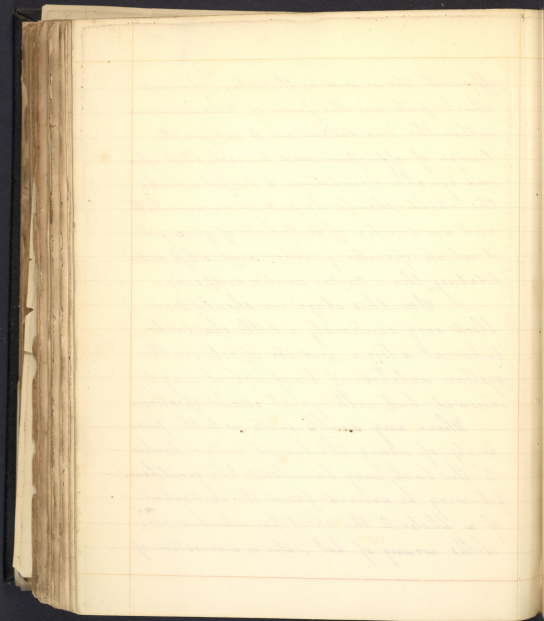
Dr Bartowright of Natchez does not  
wait for the return of the susceptibility  
of the system, but administers calomel  
in corresponding doses. he states a case  
in which he gave several hundred grains  
in the course of twenty four hours with  
the happiest effect. To promote expectoration  
and relieve hoarseness, cough and other  
remains of the disease Dr Boer's hive  
syrup of Polygala Seneca, proves very



efficient. The second or that stage of bronchitis which puts on the form of Peripneumoniae, rather, the indications are to relieve the lungs of oppression and to reestablish a free and equable circulation, to fulfil which the child should be put in a warm bath and an emetic of Sulphate of zinc given it which operates quicker and is less irritating than Tartar emetic or Speakee.

In this stage we should draw blood very cautiously a little should be taken at a time, and its effects on the system watched, if beneficial it may be renewed but with great circumspection.

Where any doubt exists as to the propriety of using the lancet cups or leeches to the back, may be substituted, great benefit may be derived from the application of a blister to the chest for which purpose cloths wrung of hot water or a decoction of



Cantharides may be used as the most prompt means of vesication.

Dr. Rush relates a case of the good effects of calomel even after the formation of the membrane had taken place. Ammonia. Musk. Camphor. Asafoetida, and other stimulating expectorants have been strongly recommended and appear to be suited to this stage, as they are remedies well calculated to excite the secretions of the lungs, and at the same time to support the general powers of the system.

Dr. Miller recommends the following formula given in the dose of table spoonfull every ~~hour~~ half hour.

Rj Gum. Asafoetida 3℥.  
Spts. piperis 3i.  
Aqua Pulg 3℥. m.

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